

MEMBERSHIP APPLICATION APPLICATION

MEMBERSHIP DETAILS								
NAME								
COUNCIL								
EMAIL								
MOBILE								
BUSINESS ADDRESS								
POSTAL ADDRESS								
I would like to become a member of Munic	ipal Works Austral	ia Incorporate	d and herby	agree to abi	de by the As	sociations Ru	les and Code of Cond	uct.
SIGNATURE OF APPLICANT			DATE					
			POSITION					
MEMBERSHIP CATEGORY AND FEES								
Membership Category and Fees			Gold \$3,000			Platinium	66,000	
PAYMENT OPTIONS								
PAYMENT OPTIONS:	CREDIT CARD	() VISA	OR () MASTER	CARD			
Please InvoiceDirect Debit Payment	Name on Card							
BSB: 063 898 Acc#: 1000 2532 Email Remittance: admin@municipalworks.com.au	Card Number: Authorised Signa	ature:				Expiry:		